

Psychopathic and Antisocial Personality Disorders: Treatment and Research Issues

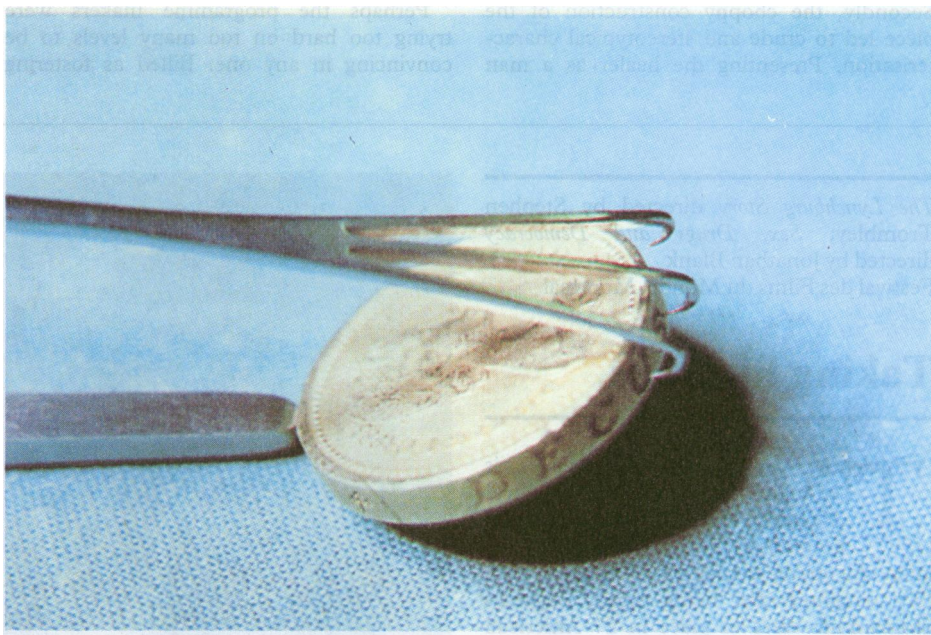
Bridget Dolan, Jeremy Coid
Gaskell/Royal College of Psychiatrists, £20,
pp 323
ISBN 0-902241-66-4

Coherent discussion of psychopathic disorder is just about possible between two people. For any more than this number you need to lay on simultaneous translation to make sense of a cacophony of legal, clinical, and lay concepts. The legal concept comes from the arcane definition of psychopathic disorder in the Mental Health Act, the clinical from an outdated literature (mostly) and practical experience (slightly), while the lay understanding of the disorder is derived variously from the media and the entertainment industry (Hannibal Lector and friends). When the Department of Health and the Home Office recently established a review of psychopathic disorder, they wisely commissioned a clinical psychologist and a forensic psychiatrist to examine what is known about treatments. Bridget Dolan and Jeremy Coid have served their commissioners and us well with a clear, sensible, and scientific review, *Psychopathic and Antisocial Personality Disorders*.

Dolan and Coid's conclusion may surprise some readers. It is not, as most would expect, that treatment is of no benefit but rather that the jury is out—and likely to remain so for some time. It would be unreasonable, they say, to conclude anything from the 80 treatment studies—from psychotherapy to psychosurgery—that they reviewed. Weak diagnostic criteria, dubious sampling, mysterious descriptions of treatment, and questionable measures of outcome have all contributed to our ignorance. Even the hallowed randomised double blind controlled trial will not provide the answer; it is neither feasible nor appropriate for a disorder which is not "a disorder" but rather the final common behavioural manifestation of numerous conditions that have different aetiologies and histories.

We do not know how many psychopaths are receiving treatment today, though we know that about 400 are detained in the special hospitals for such care. The authors do not discuss the difficult question of whether treatment is altered, in type and duration, when it is compulsory and when the treatment giver also has responsibility for decisions about discharge.

This well written book will interest a wide readership. Those who seek, and those who dispense, funds for research into psychopathic disorder would be well advised to take notice of the standards and strictures laid down by the authors. Clinicians will find that the book concentrates the mind as they



The multiple skin hook for use in cone biopsy, named the Singer claw after Albert Singer, coauthor with J M Monaghan of *Lower Genital Tract Precancer* (Blackwell Scientific, ISBN 0-865542-230-3), a book that encapsulates the pioneering research in this topic.

ponder whether or not to recommend a hospital disposal for a psychopath in court. Government ministers and health service managers may also muse on a related question. In today's "value for money" culture, does psychiatry's most costly treatment, secure care at approximately £2000 a week, provide a good return for those with psychopathic disorder?—DEREK CHISWICK, consultant forensic psychiatrist, Royal Edinburgh Hospital

Seminars in Psychiatric Genetics

Peter McGuffin, Michael J Owen,
Michael C O'Donovan, Anita Thapar,
Irving I Gottesman
Gaskell/Royal College of Psychiatrists,
£10, pp 230
ISBN 0-902241-65-6

During most of its history psychiatric genetics has focused on family, twin, and adoption studies and on statistical models aimed at resolving major gene effects or other transmission patterns. These studies strongly support the role of heredity in some psychiatric disorders—notably schizophrenia and manic depression—but the mode of genetic transmission remains unknown. With the advent of molecular genetic techniques the subject has gained in vigour and excitement. Despite initial setbacks, the successes in mapping

genes for other complex disorders previously considered genetically intractable, such as Alzheimer's disease, diabetes mellitus, and breast cancer, have fuelled this trend and have contributed to the growing general interest in the genetics of psychiatric disorders and other behavioural traits.

The authors of *Seminars in Psychiatric Genetics* aim the book at trainee psychiatrists but they also hope to attract clinicians, geneticists, and researchers in allied disciplines. Accordingly they attempt a wide ranging review of cell and molecular biology, quantitative genetics, and genetic market studies. Especially useful are the introductory chapters on basic concepts and methods, which are then followed by discussion of specific disorders such as schizophrenia, affective illness, mental retardation, personality disorders, alcoholism, childhood disorders, and dementia. I like the chapter on ethical issues, which outlines the potential consequences of genetic information, particularly in relation to mental illness. The book is written in a lucid and scholarly fashion except for the following caveats.

It is a daunting task for a multiauthor book to condense so much in such a small space while attempting to cater for a diverse readership. There are omissions and inconsistencies and the bibliography is somewhat selective. In particular, the complexities of the psychiatric phenotype, crucial to the design and interpretation of genetic studies, are barely touched on and there is no mention of the extensive work done on biological susceptibility traits. The discussion of candidate genes neglects to note important

pitfalls such as the high rate of false positive results given the numerous genes expressed in human brain. Also missing is a discussion of novel molecular genetic techniques such as genomic mismatch scanning and representational difference analysis, which in due course may augment or even supplant current methods. The authors conclude the chapter on affective disorders with undue confidence that major genes exist (thus implying that the success of molecular methods is inevitable), although earlier in the book they are appropriately more cautious.

Despite these problems, the book provides a valuable basis for glimpsing past and current trends in psychiatric genetics. For those craving a more comprehensive perspective, there are other publications that cover this complex subject in greater depth.

—MIRON BARON, professor, Columbia University College of Physicians and Surgeons and New York State Psychiatric Institute, New York, USA

Management for Hospital Doctors

Ed Maurice Burrows, Roger Dyson, Peter Jackson, Hugh Saxton
Butterworth-Heinemann, £35, pp 360
ISBN 0-7506-0800-3

"The nearer the management process gets to the patient, the more important it is for the doctor to be looked upon as the natural manager." So wrote Sir Roy Griffiths in 1983.

Sir Roy was always quick to mention, however, that doctors are not necessarily "natural managers," and the first response of any doctor when faced with a new task or an unfamiliar area of work is to reach for a good book and read around the subject. One of the many frustrations of taking on a management role as a doctor is the dearth of comprehensible and straightforward reading matter. Although numerous management texts can be found in any bookshop, prior knowledge of management is generally required to translate the concepts effectively to a health service setting. *Management for Hospital Doctors* aims at filling this gap in the market and is largely successful.

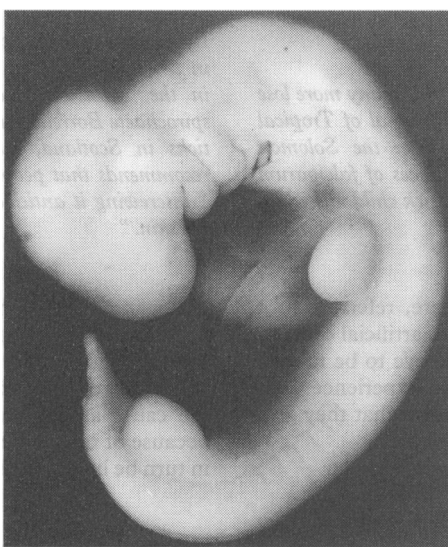
The book has been thoughtfully designed with the reading habits of busy doctors very much in mind. The impressively large collection of short chapters must have been an editorial nightmare, and keeping up with the pace of change will pose an even greater challenge. The result, however, is exactly what the editors set out to produce, as detailed in the preface—a book that will not be read from cover to cover but that will be dipped into, that readers will use selectively as they pursue different aspects of manage-

ment. It also has a refreshing variety of tone and pace.

For the most part, doctors who take on a management role—and the book is directed specifically at those doctors who retain a clinical commitment as well as taking on a managerial role, rather than those who change to full time management—have rather more to do in a week than there are hours to do it in. This leaves little time for keeping abreast with clinical reading, let alone for the effort entailed in either pursuing papers in management journals or wading through lengthy and detailed chapters of background information. *Management for Hospital Doctors* provides an interesting combination of short chapters on background, sufficient to give a feel for the context, with a more detailed look at some of the main topics encountered by clinicians new to the world of management, presented by some of the gurus of medical management—including Professor Cyril Chantler and the late Sir Roy Griffiths.

Perhaps the strongest section of the book is the series of personal perspectives given by individual clinicians from the full range of specialties, documenting their own particular journeys into management. They give what is probably the most valuable information to any doctor: how the clinical director goes about running a directorate, the pitfalls to avoid, and the tactics to employ to get around obstacles. These vignettes provide an accessible and interesting source of information for aspiring new clinical directors and a source of comfort and camaraderie to seasoned medical managers.

—JENNY SIMPSON, chief executive, British Association of Medical Managers, Cheadle, Cheshire



Though inevitably concentrating on fetal anomalies, *Color Atlas of Clinical Embryology* contains a remarkable series of pictures and diagrams illustrating fetal development, an example of which is this illustration of an embryo at about 32 days.

Selection

The increasingly close collaboration between the two disciplines is celebrated in *Psychiatry and General Practice Today* (Royal College of Psychiatrists and Royal College of General Practitioners, £17.50, ISBN 0-902241-50-8). Authoritative chapters from both sides emphasise the benefits of partnership in a pragmatic and practical approach to mental health—a core text for the times.

The extraordinary explosion in knowledge about the human leucocyte antigens is fully documented in *HLA and Disease* (Academic Press, £40, ISBN 0-12-440320-4). The discovery that the antigens are encoded by some 200 genes in the major histocompatibility complex of the short arm of chromosome 6 paves the way for a better understanding of the complexities of immunity and disease.

The fun that Desmond Laurence and John Carpenter had in compiling *A Dictionary of Pharmacology and Clinical Drug Evaluation* (UCL Press, £14.95, ISBN 1-85728-113-6) is apparent from the beginning of the preface. Its scholarship—derivations, definitions, and mathematical formulae—is balanced by wit, apt quotation, and a range well beyond pharmacology. Drinking toasts, for example, provides appropriate responses in 16 languages.

Many people, not least health professionals, are confused by the constant politicking over the NHS. Highly recommended as an antidote is *A Future for the NHS?* (Longman, £10.99, ISBN 0-582-05978-X) by Wendy Ramade, a knowledgeable researcher in health management, who not only plots the historical, ideological, and demographic background to health but also tackles dispassionately yet with optimism thorny issues like markets, managers, quality, and rationing.

Michael Ryan, familiar to *BMJ* readers for his articles on Soviet medicine, has achieved a tour de force of statistics and translation in *Social Trends in Contemporary Russia* (St Martin's Press, £40, ISBN 0-31210070-1). He provides demographic tables for the 55 regions and over 120 ethnic groups, and highlights problems such as high infant mortality, a 30% fall in birth rate, and rising deaths from non-natural causes. Opinion polls add an illuminating postscript.

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